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Fax Transmission | November 10, 2004

TO: Commissioner for Patents
Attn: Examiner Blane J. Jackson
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Brett Hertzberg

OUR REF: 50037.66USU1
TELEPHONE: 206-342-6246 Alice Baum

Total pages, including cover letter: 14PTO FAX NUMBER 1-703-872-9306

If you do NOT receive all of the pages, please telephone us at 206.342.6200, or fax us at 206.342.6201.

Document Transmitted: Transmittal (in duplicate); Amendment; Credit Card Payment Form

Title: SYSTEM AND METHOD FOR REDUCING NOISE IN A RECORDING RECEIVER
Applicant: Lawrence J. Karr
Serial No.: 10/044,301
Filed: October 26, 2001
Group Art Unit: 2685
Our Ref. No.: 50037.66USU1
Confirmation No. 6819

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

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Date: 11/10/04By: Name: Brett HertzbergReg. No.: 42,660

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lawrence J. Karr Examiner: Blanc J. Jackson
 Serial No.: 10/044,301 Group Art Unit: 2685
 Filed: October 26, 2001 Docket: 50037.66USU1
 Confirmation No.: 6819 Due Date: November 12, 2004
 Title: SYSTEM AND METHOD FOR REDUCING NOISE IN A RECORDING RECEIVER

CERTIFICATE UNDER 37 CFR 1.6(d)

I hereby certify that this correspondence and the papers described herein are being transmitted via facsimile to (703) 872-9306, Commissioner for Patents, Attn: Examiner Blane J. Jackson, P.O. Box 1450, Alexandria, VA 22313-1450 on November 10, 2004.

By: 

Name: Brett A. Hertzberg

VIA FACSIMILE #703-872-9306

Commissioner for Patents

Attn: Examiner Blane J. Jackson

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet in duplicate containing Certificate of Facsimile
☒ Amendment
 The fee has been calculated as shown below in the "Claims as Amended" table
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CLAIMS AS AMENDED

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
14	-	22	=	0	x	18.00	=	\$0.00
Independent Claims								
5	-	4	=	1	x	88.00	=	\$88.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								\$88.00

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Reg. No.: 42,660

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